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Child
Advocacy
Coalition

"Mobilizing on Behalf of Children"

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TESTIMONY

of the

BRIDGEPORT CHILD ADVOCACY COALITION

before the

Public Health Committee

Wednesday, January 31, 2007

Nicole Bass is a single mom living in Bridgeport with her three children, ages 13, 7 and 6. She works as a loan officer for a local mortgage company. She is considered a contract employee and, as a result, her employer does not offer her health insurance benefits.

Nicole works 35 hours a week and often more. She researched purchasing health insurance benefits on her own and found that they would cost her between \$600 – \$1,200 a month for a major medical plan with high deductibles and co-pays. She cannot afford these costs with her salary, which is less than \$30,000 a year, so she goes without insurance.

Nichole has asthma and she only goes to the doctor when she is very sick because she cannot afford to pay for an office visit out-of-pocket. She runs the very real risk of ending up in the emergency room. When I asked Nicole what is the first thing she thinks about when she wakes up in the morning, she said without skipping a beat, "I hope no one gets sick today."

I am here today speaking on behalf of the Bridgeport Child Advocacy Coalition, BCAC, a coalition of more than 80 member organizations, and our Health Task Force, whose 25 active members include parents, as well as representatives of community-based health centers, hospitals, and social service organizations. I am also here on behalf of the over 400,000 uninsured residents living in Connecticut, and the over 16,000 uninsured residents living in Bridgeport.

On behalf of BCAC and our Health Task Force, we urge you to support universal health care in Connecticut. We urge you to adopt a universal health care plan that follows the principles of the Institute of Medicine:

- Health care coverage should cover everyone, children, as well as adults who are parents, non-custodial parents, or single, and regardless of pre-existing medical conditions.
- Health care coverage should be continuous and portable, following the individual, regardless of employment or marital status.
- Health care coverage should be affordable, particularly to those who are low-income.
- Health care coverage should be sustainable and affordable for the state.
- Health insurance should foster good quality health care and cover all services, including dental and behavioral health.

We met Nicole last spring when we held over 20 meetings throughout Bridgeport, talking to more than 180 parents to learn more about their experiences accessing health care. This is what we learned:

- 1 out of 4 parents – 25% – did not have health insurance.
- 3 out of 5 parents – 60% – did not go to the doctor at least once this year because of the cost.
- 2 out of 5 parents – 40% – did not fill a prescription at least once this year because of the cost.

We heard story after story of hard-working parents who, like Nicole, are not offered health benefits where they work because they are considered contract employees, or they work part-time, often piecing together several jobs to earn a living wage. Others report that they are offered health benefits through their work, but they cannot afford the cost of the premium.

We heard from small business owners who struggle to provide health insurance for their employees. They know they need to provide benefits in order to attract and retain staff, but the cost of coverage is often prohibitive.

And, we heard from people like Marta, who has been working for the same company for over 21 years. She has custody of her grandson and lives in a small walk-up apartment. She has no car. She earned just over \$21,000 last year. Her wages have to cover utilities, rent, food and other basic necessities for her and her grandson. She has health insurance benefits through her place of employment but must pay co-pays for doctor's office visits and for her medicine.

Marta has several medical problems, including asthma, diabetes, high blood pressure and a heart condition. She has trouble walking distances. She takes eight medicines a month, totaling \$160 in co-payments for her prescriptions. There are months that Marta goes without her medicine because she cannot afford the co-pays. Her doctor wants her to see her every two weeks to monitor her condition, but with a co-payment of \$25 for each visit for her regular doctor and \$40 for her heart doctor, she cannot afford to go.

She looks at her paycheck and asks, "What should I do – pay for my medicine or put food on the table for my grandson?" Like any parent, she chooses food for her grandson. No parent should have to make that choice. I despair to think what will become of Marta – and her grandson who depends on her.

Over 400,000 Connecticut residents do not have health insurance, a higher rate than any other state in New England. Two-thirds of the uninsured are working. Those without insurance delay going to the doctor or filling a prescription until they are in crisis and end up in the emergency room, at a much greater cost.

In the past five years, treatment for the uninsured in Connecticut emergency rooms rose over 40 percent. Hospitals admitted 11,000 uninsured patients during the 2005-06 fiscal year, costing the state \$165 million in that one year alone

Other states are addressing universal health care, including three New England states: Massachusetts, Vermont and Maine. It is time for Connecticut to step up to the plate.

During this legislative session, you will be seeing a number of different proposals to address health care coverage for the uninsured. We urge you to assess each of these plans against the principals of the Institute of Medicine. We urge you to commit to comprehensive health care reform in Connecticut and adopt a plan for health care coverage that is universal, affordable, continuous, sustainable, and that fosters good quality health care. You can ensure that the thousands of Connecticut residents like Nicole and Marta get the health care they so desperately need.